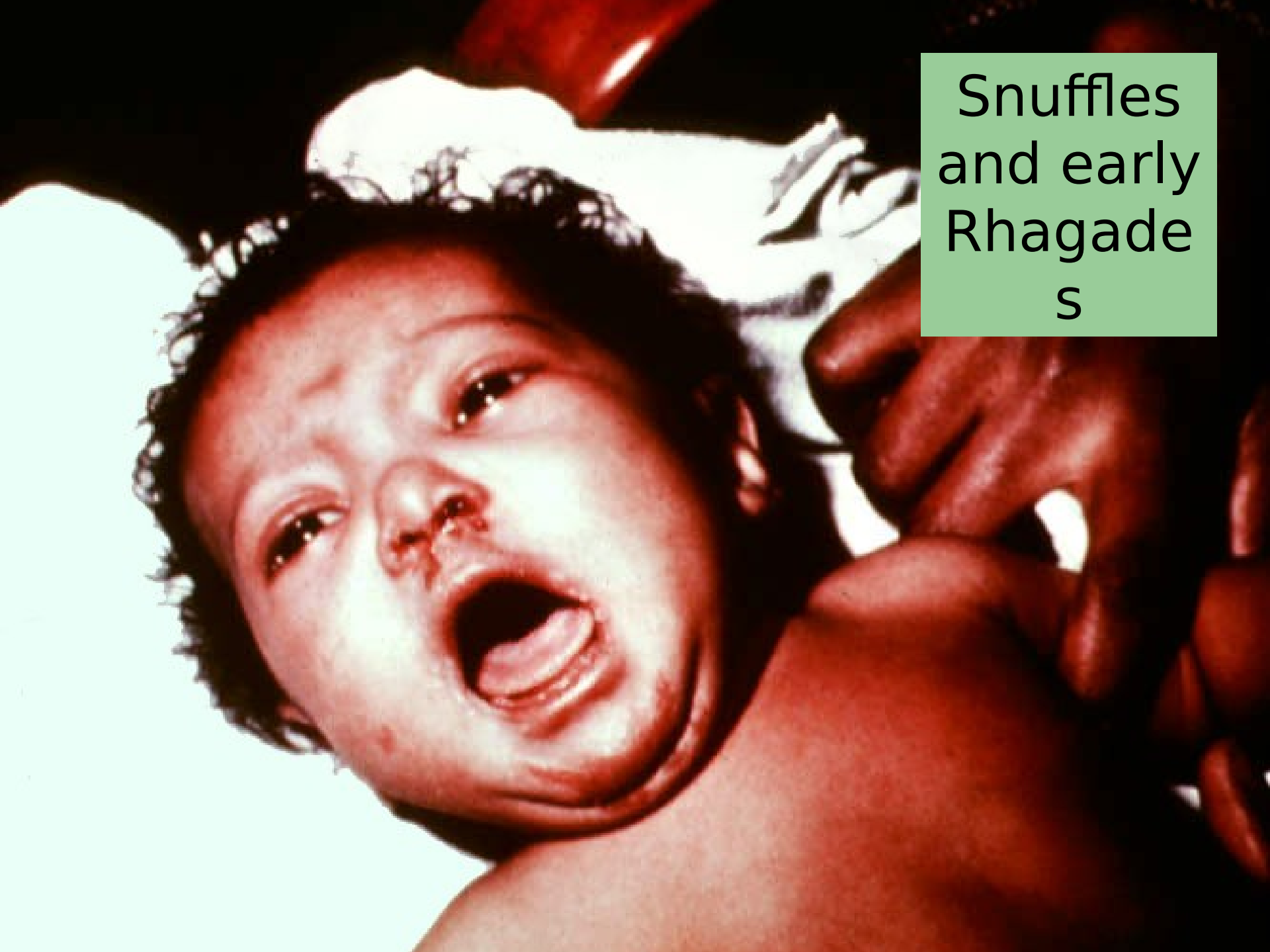


Snuffles and early Rhagade s



Snuffle S





Congenital Syphilis – Mucous Patches

From CDC

Syphilis

Congenital Lesion
Late

Syphilis

Congenital syphilis greater than 2 years duration

- Manifestations
 1. Interstitial keratitis
 2. Clutton's joints
 3. Neurosyphilis
 4. Osteoperiostitis
 5. Eighth nerve deafened
 6. Gummas
 7. Muscle hypoplasia



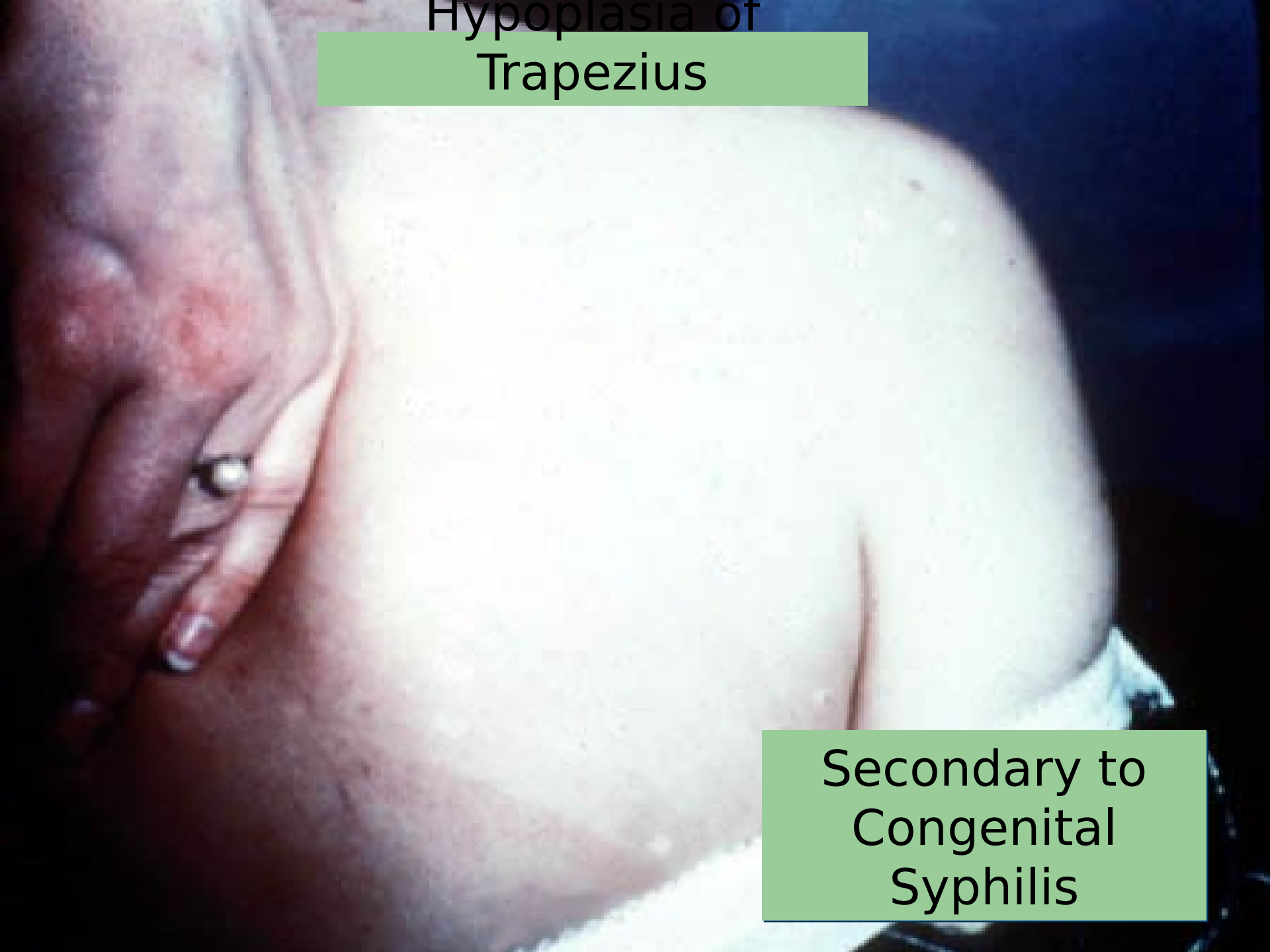
Top Lt - syphilitic interstitial keratitis, Top Rt - Hutchinson's teeth

Bottom Lt - Rhagades Bottom Rt - Mulberry molar



Osteochondritis with enlargement of the manubrio-clavicular joint

Hypoplasia of Trapezius



Secondary to
Congenital
Syphilis



Top Lt - hard palate perforation, Top Rt - Saber shins
 B. Lt -Chondritis with collapsed nose, B. Rt - Clutton's
 joint

Differential Diagnosis





Condyloma Lata



Carcinoma on Rt Labia
Majora



Cincinnati
STD/HIV PTC

Secondary Syphilis
Rosa



Pityriasis



Cincinnati
STD/HIV PTC

Mucous Patch
Carcinoma



Squamous Cell



Mucous Patch
(Wickham Striae)

Lichen Planus



Cincinnati
STD/HIV PTC

Annular Secondary



Tinea Manum



Secondary Syphilis



Ulcers of Chancroid



Primary Chancre of
Syphilis (non-painful)



Chancre of Chancroid
(punched out - painful)



Exophytic Syphilitic Chancre Squamous Cell Carcinoma



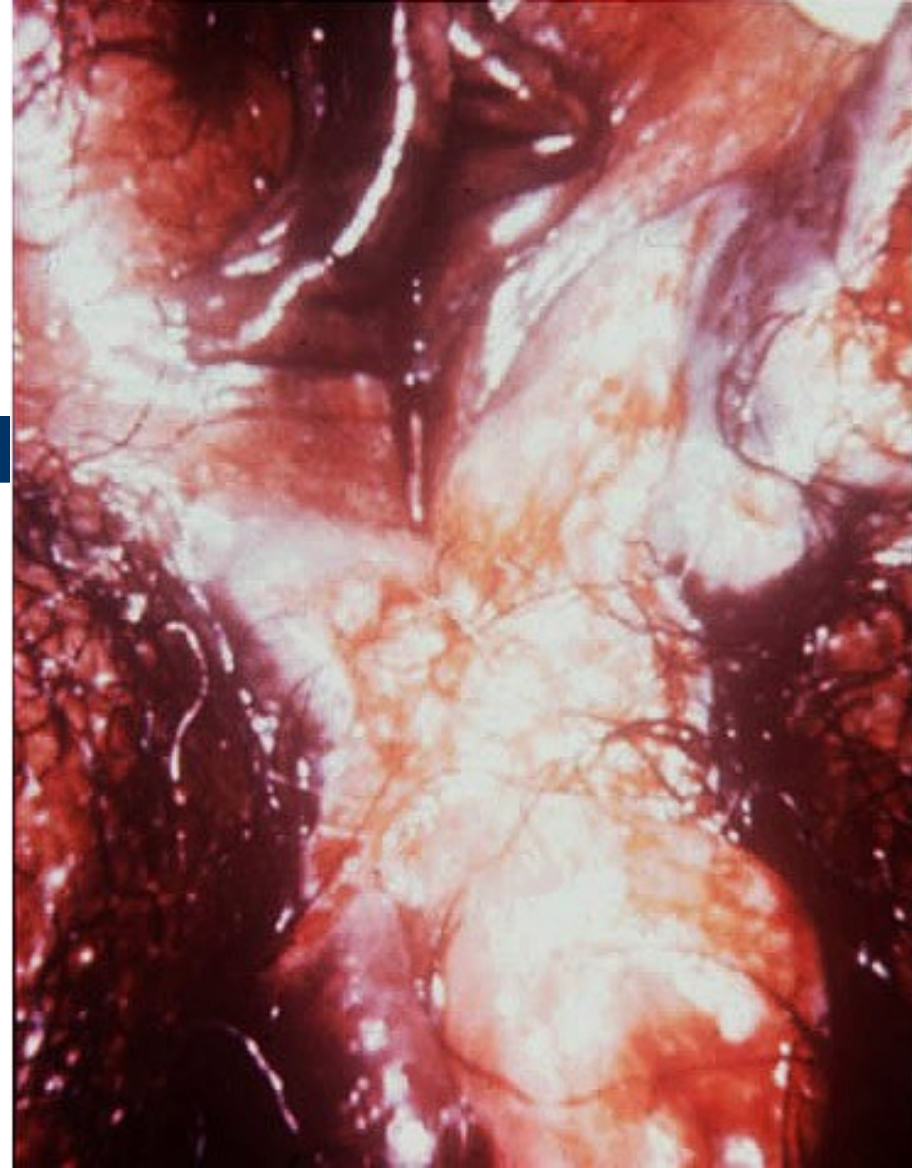
Strawberry Cervix,
Trichomonas Vaginitis



Mucus Patch
Secondary Syphilis

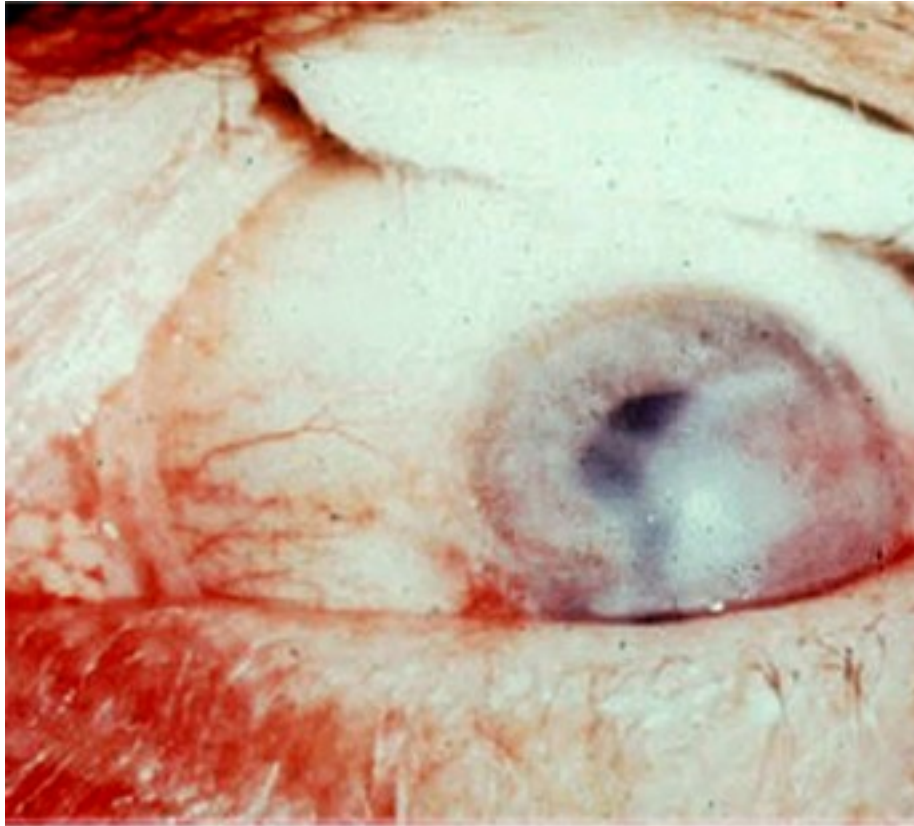


Mucus Patch

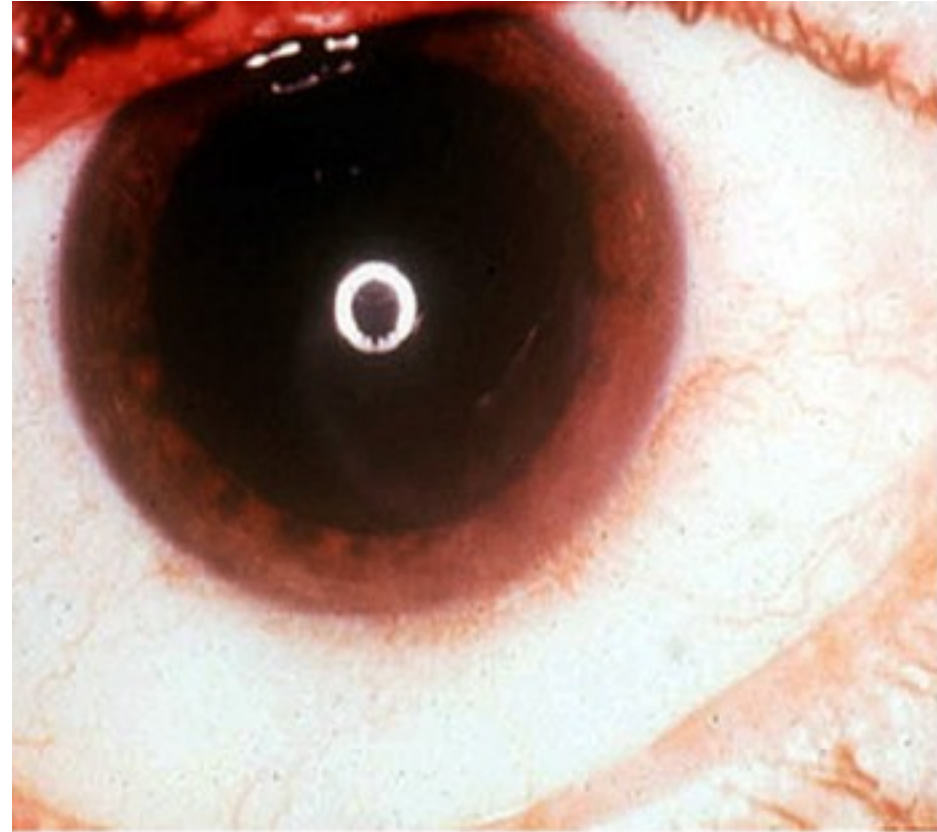


Cancer

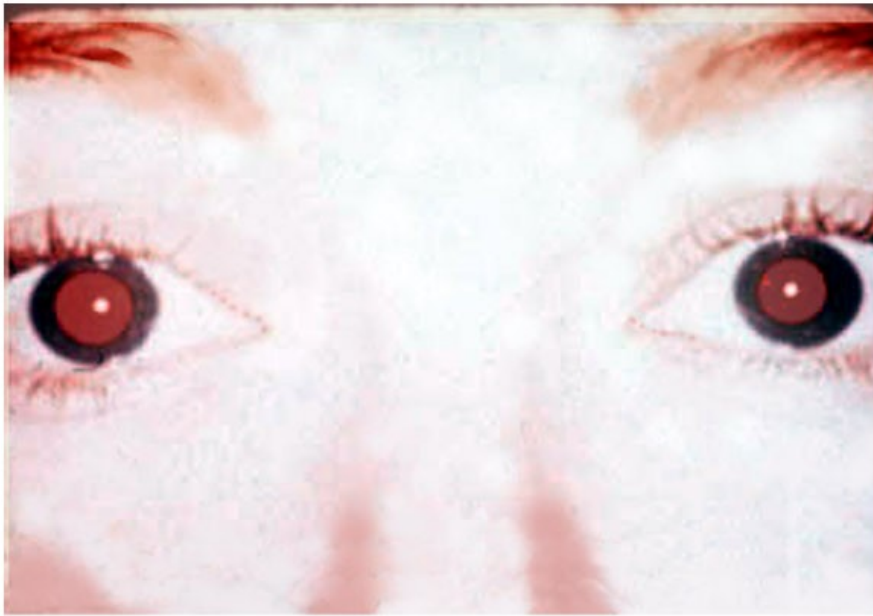
Late Syphilis



Interstitial Keratitis



Dilated Pupil
Argyle-
Robertson



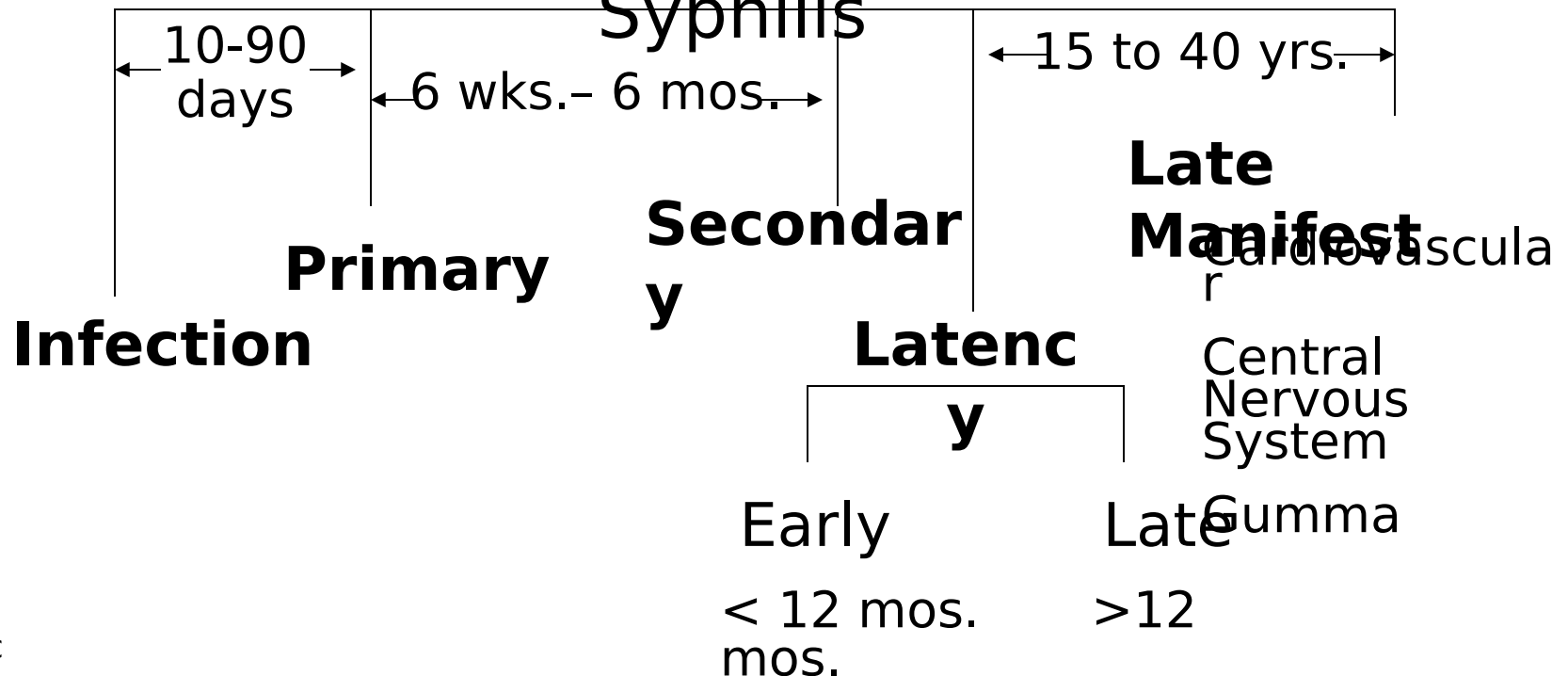
Demonstration of Argyle-Roberstson

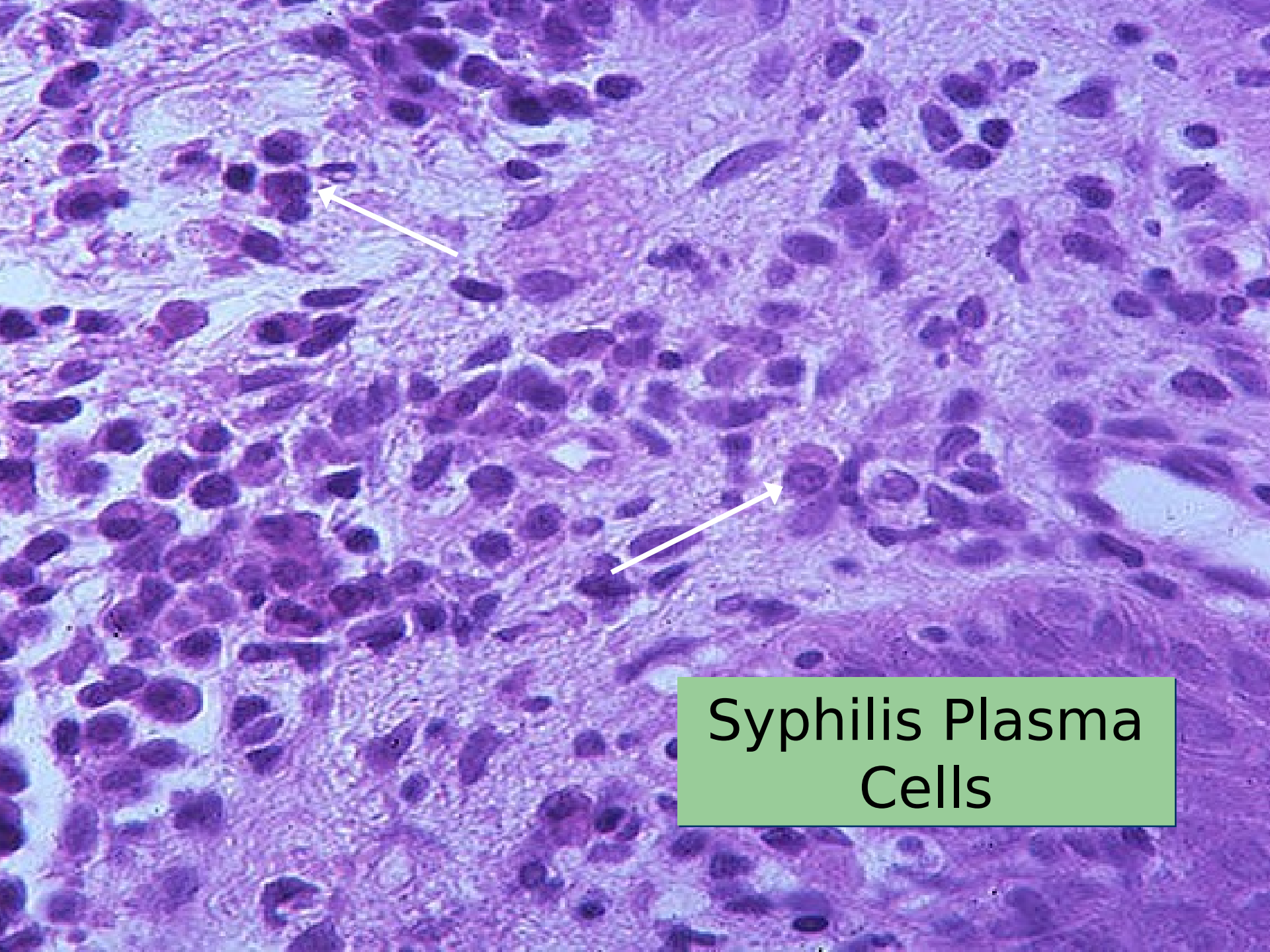
Pathophysiology and Serology of Syphilis



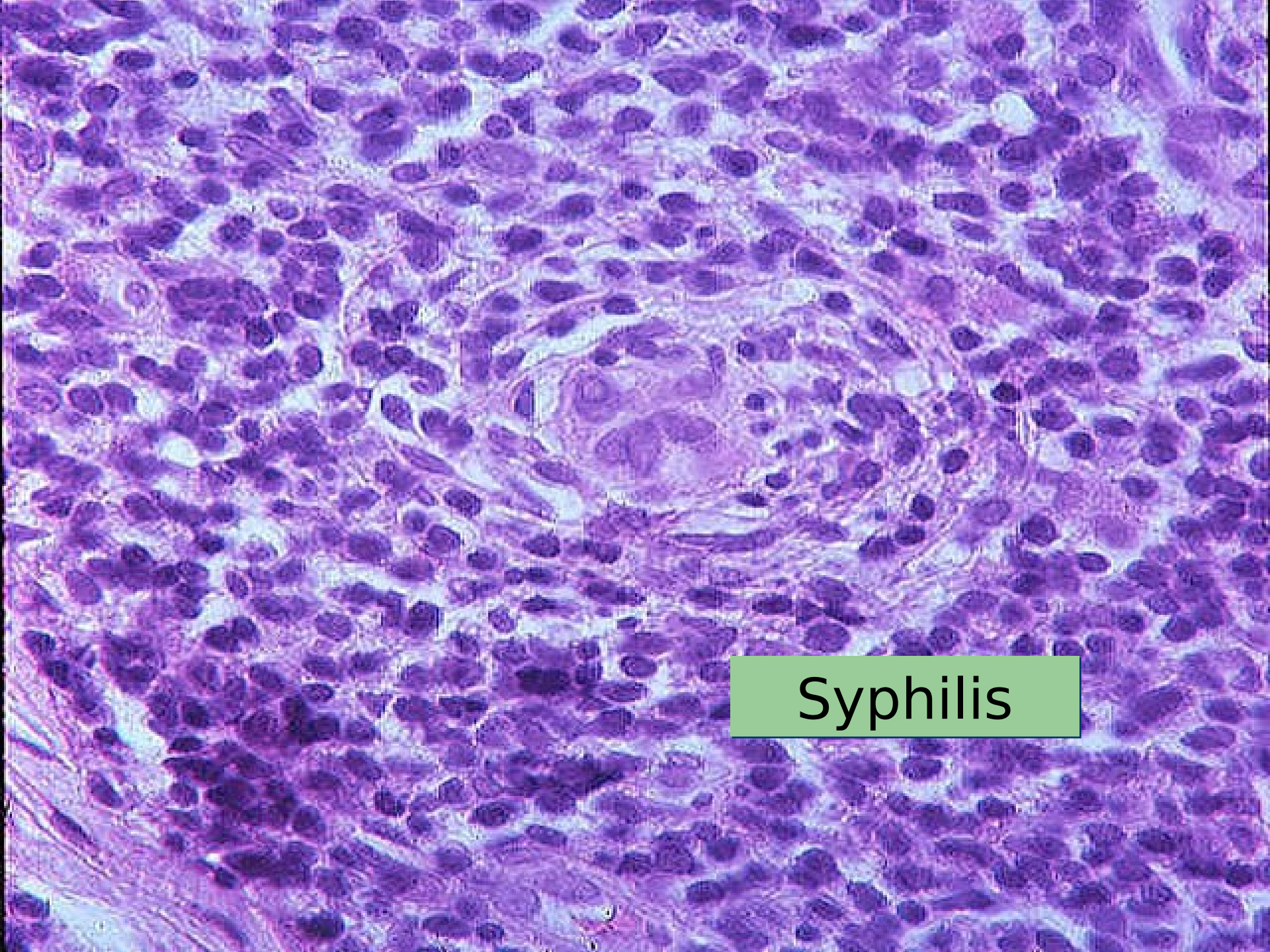
Syphilis

Natural History Of Untreated Syphilis



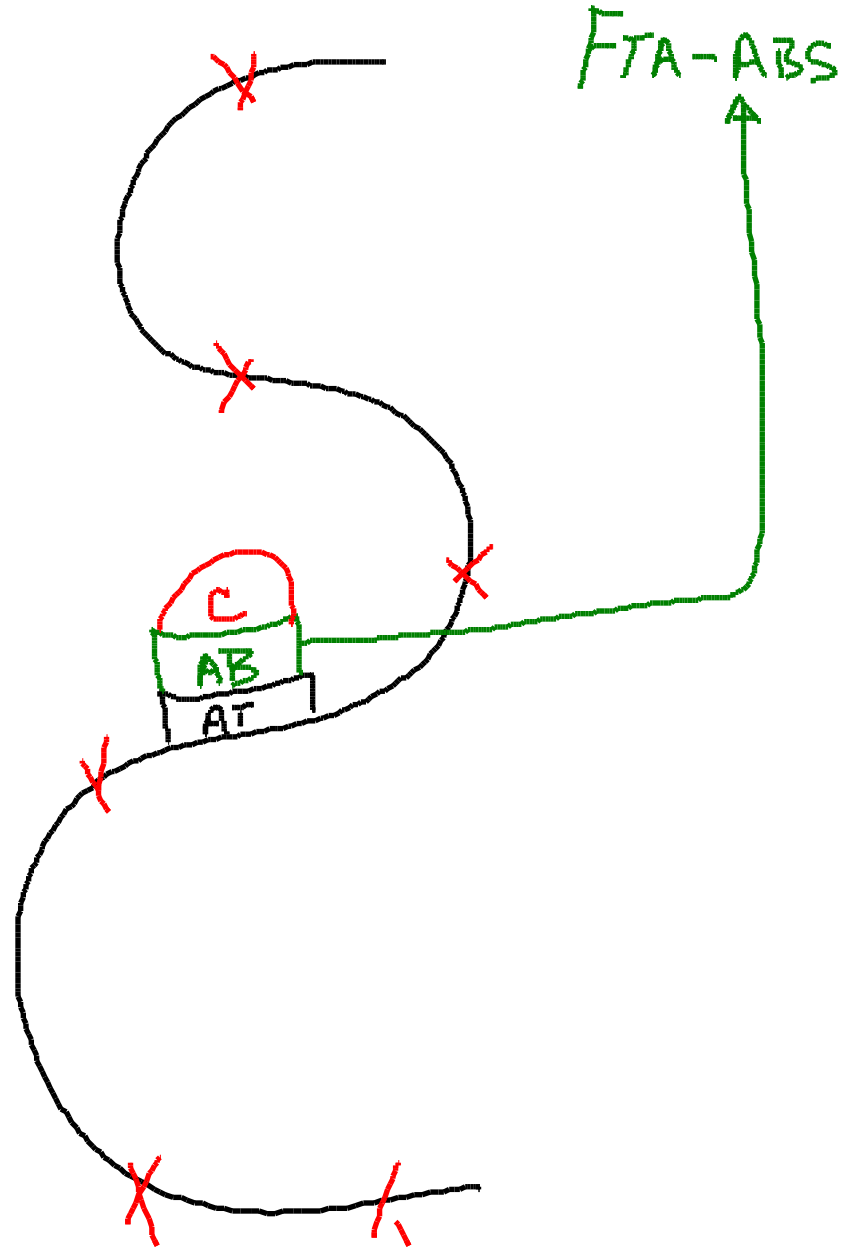


Syphilis Plasma
Cells



Syphilis

Syphilis

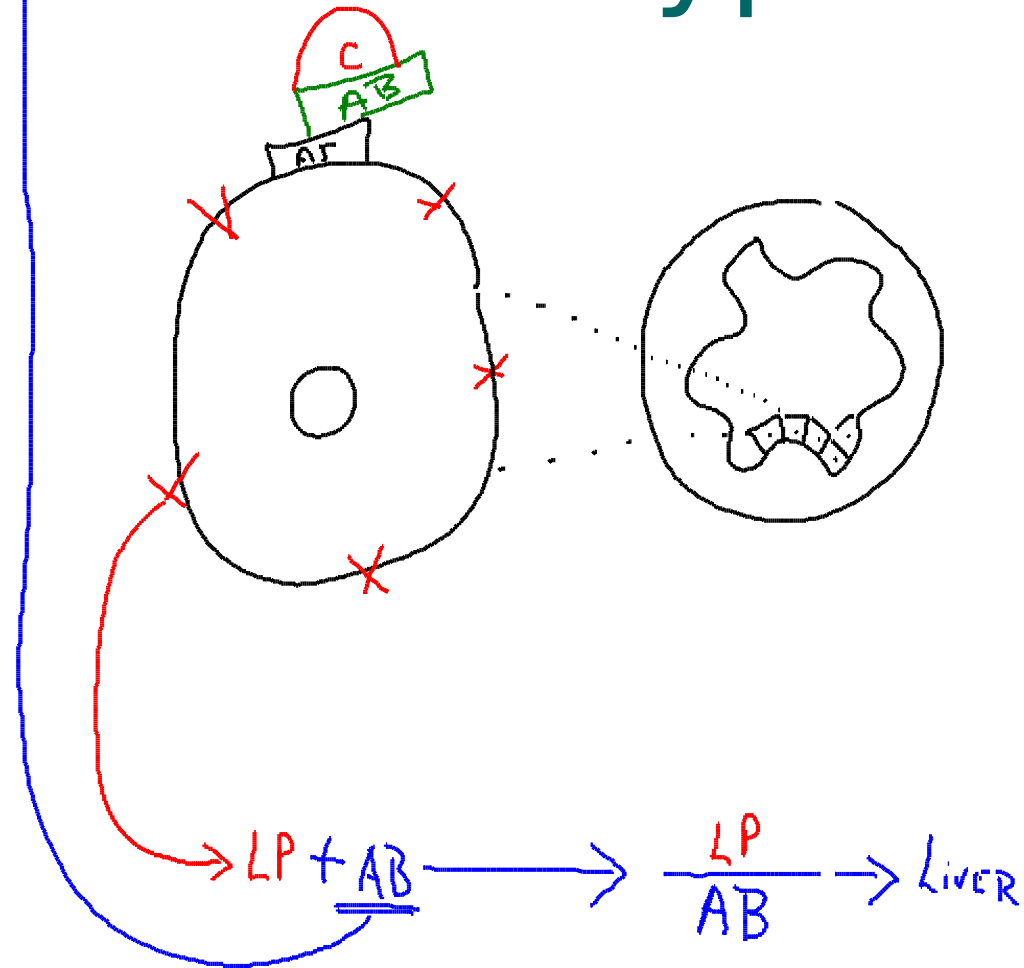


Syphilis

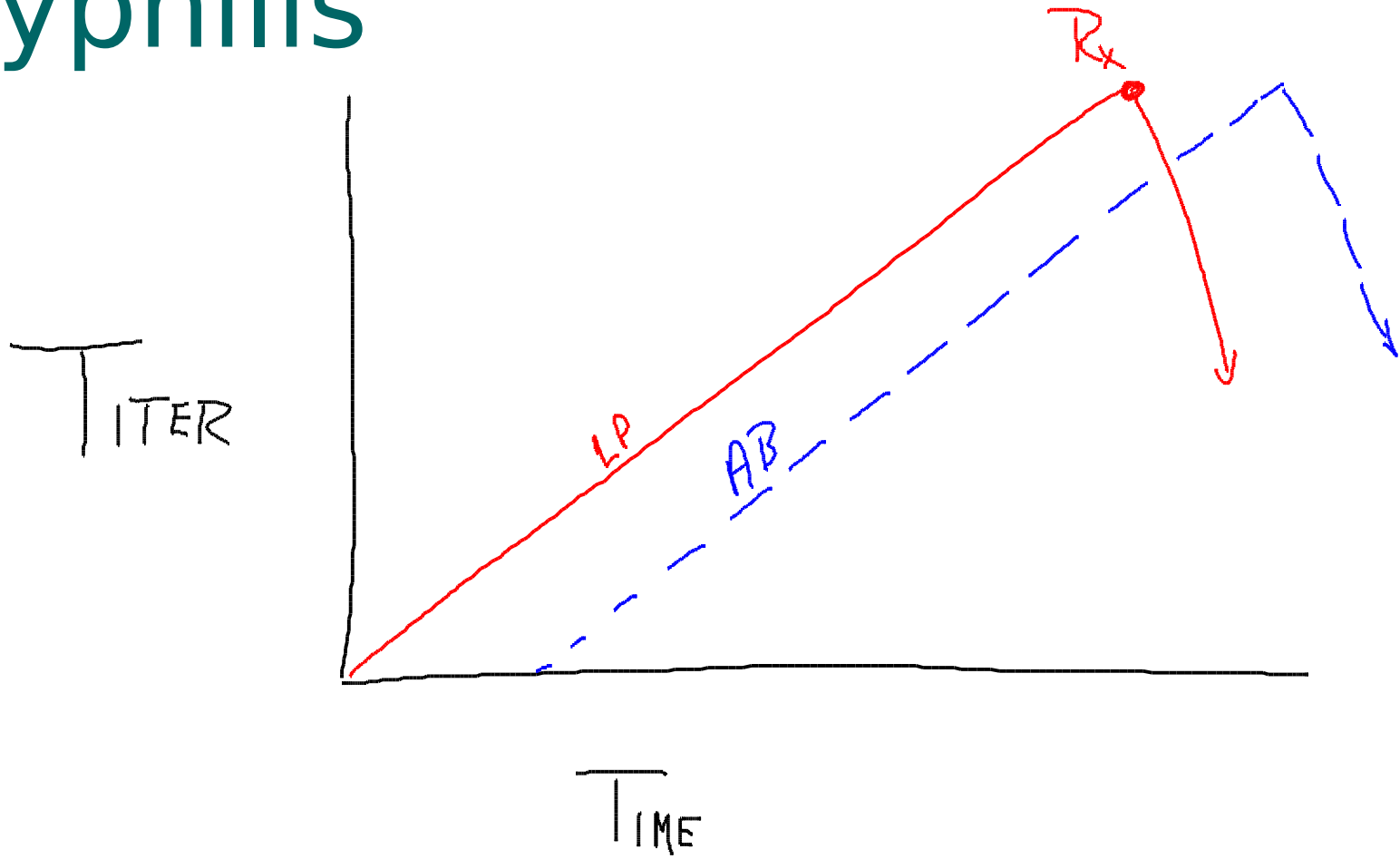
RPR Card

VDR L

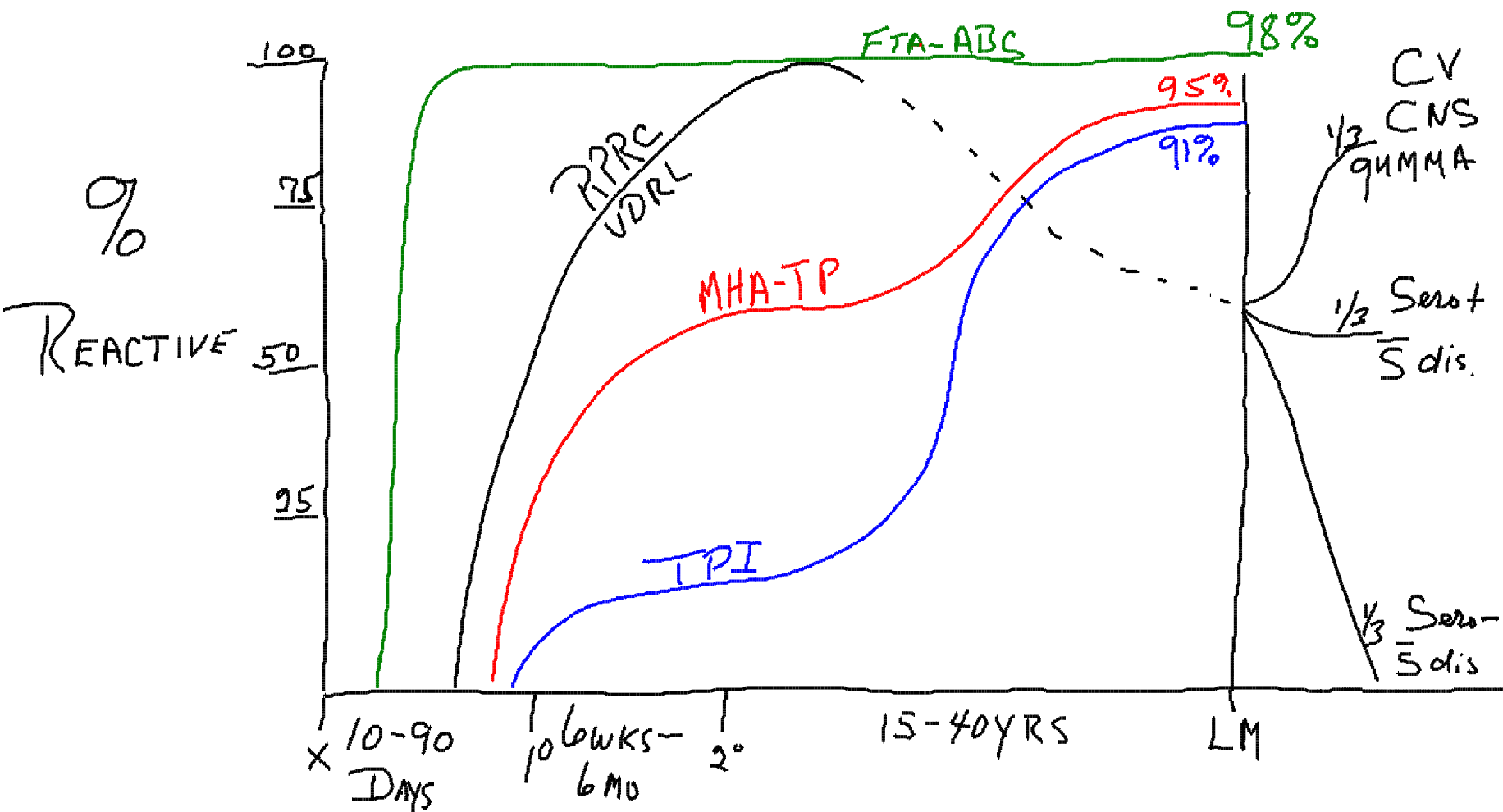
ART



Syphilis



Syphilis



Summa

ry

Syphilis

Cardiolipin Tests

(i.e. Screening Tests)

VDRL

RPR Card

ART

Etc.

Kolmer

Kline

Etc.

Syphilis

Treponemal Test
(i.e. Diagnostic tests for treponemal infection)
TPI
RPCF
MHA-TP
FTA-ABS
Etc.

Serology Tests for Syphilis

Test	Sensitivity				Specificity	Cost
	Primary	Secondary	Latent	Late		
VDRL	78	100	95	75	98	\$1.35
USR	80	100	95		99	\$1.35
RPR	86	100	98	73	98	\$1.50
Trust	85	100	98		99	\$1.50
FTA-ABS	84	100	100	96	97	\$3.50 - \$4.00
TP-PA	88	100	100		96	\$3.35
T.Western BG+	90	98	100		99	\$4.50
EIA	94	100	100		99	\$3.50

Syphilis



Treatment
as referenced in
CDC's publication, MMWR
2006 Guidelines for Treatment of Sexually
Transmitted Diseases
Handout available

Syphilis

Reminder...

For Questions or more
Information:

Cincinnati STD/HIV
Prevention Training Center



Toll Free



1-800-459-2820



Syphilis

Fax:



Cincinnati STD/HIV Prevention
Training Center

1-513-357-7306



Syphilis Case Studies

There are 10 case
studies



Syphilis

Objective: Biologic false/positive

- Clinical Case No. 1:
 - 22 yr. old female
 - RPR is 1:2, FTA-ABS non-reactive
 - Fiancé's RPR non-reactive
 - Yellow fever shots 10 wks. Prior
 - RPR one month later non-reactive

Syphilis

Clinical Case 1

1. What is your diagnosis, and why?

Syphilis

Objective: Diagnosis of late latent syphilis in pregnancy

- Clinical Case No. 2:
 - 28 yr. old female, first trimester
 - RPR reactive 1:1, FTA-ABS reactive
 - No hair loss, cutaneous eruption, etc.
 - One week later RPR is reactive 1:1

Syphilis

Clinical Case 2

1. Should this patient be treated to protect her unborn child?
2. Do you need additional history?
3. If so, why?

Syphilis

Objective: Serologic testing in late latent syphilis

- Clinical Case No. 3:
 - 35 yr. old male, gen. lymphadenopathy and anal warts
 - RPR reactive 1:16, FTA-ABS reactive
 - Darkfield exam of anal lesions + for spirochetes
 - 1 mo. after treatment serology is 1:8; after 3 mos. titer is 1:8; after 6 mos. titer is 1:8

Syphilis

Clinical Case 3

1. Did the patient have active early syphilis?
2. What is the next step in the management of this case?

Syphilis

Objective: Serologic findings in congenital syphilis

- Clinical Case No. 4:
 - 18 yr. old female
 - Exam unremarkable, except patient has false teeth and foreshortened 5th metacarpals bilaterally
 - FTA-ABS reactive
 - Repeat VDRL 2 wks. later reactive at 1:2

Syphilis

Clinical Case 4

1. What are the diagnostic possibilities?

Syphilis

Objective: Serologic findings in patients with biologic false/positive for syphilis

- Clinical Case No. 5:
 - 24 yr. old female, prostitute
 - Prior history of secondary syphilis, twice in the past 3 yrs. with adequate Rx
 - SBE



continued

Syphilis

- Case No. 5 (cont.):
 - Multiple draining sinuses on skin and at needle puncture site
 - Initial RPR 1:8, follow up RPR 1:8
 - No evidence of syphilis, veins sclerosed
 - FTA-ABS reactive

Syphilis

Clinical Case 5

1. Does the patient have active syphilis?
2. Does the patient have biologic false positive reaction?
3. Why does RPR not go below 1:8?
4. What are your concerns about diagnosis and treatment?

Syphilis

Objective: Congenital syphilis

- Clinical Case No. 6:
 - 16 yr. old with an at term pregnancy
 - Recent occipital hair loss, gen. Adenopathy, papular pustular eruption on face, chest, & back
 - Papular squamous lesions on palms & soles
 - Infant is clinically normal
 - Following serologic data obtained



continue
d

Syphilis

Clinical Case No. 6 (cont.):

- Maternal blood:
 - VDRL - reactive 1:64, FTA-ABS - reactive
- Cord blood:
 - VDRL - reactive 1:1024, FTA-ABS - reactive
- 10 days prior, patient treated with bicillin 2.4 million units IM

Syphilis

Clinical Case 6

1. Was the fetus infected?
2. Should the infant receive more therapy?
3. What would be the expected serologic titer response in the infant and the proper therapy?

Syphilis

Objective: Congenital syphilis

- Clinical Case No. 7:
 - Similar to Case No. 6, except patient treated in the second trimester
 - Mother:
 - VDRL - reactive 1:16
 - Fetal side
 - VDRL - weakly reactive

Syphilis

Clinical Case 7

1. Was the fetus infected?
2. Should the child be treated?

Syphilis

Objective: Syphilis of central nervous system

- Clinical Case No. 8:
 - 16 yr. old male, deafness bilaterally, interstitial keratitis
 - Patient otherwise normal



continued

Syphilis

- Clinical Case No. 8 (cont.):
 - Lumbar puncture findings:
 - WBC – 20 lymphocytes per cubic mm
 - Protein – 60 gms %
 - VDRL- CSF – reactive 1:16
 - Peripheral blood:
 - VDRL – 1:4
 - FTA-ABS - reactive

Syphilis

Clinical Case 8

1. Does the patient have active nervous system syphilis?
2. If you answer yes, what would you expect the CSF findings to be in 6 months if therapy is adequate?

Syphilis

Objective: Syphilis in HIV patients

- Clinical Case No. 9:
 - 33 yr. old male, HIV +, CD4 count 0
 - Gen. papulo squamous eruption, lesions randomly distributed over torso, feet, hands
 - No organomegaly
 - VDRL is non-reactive, FTA-ABS reactive, Darkfield examination positive

Syphilis

Clinical Case 9

1. What is your diagnosis?
2. What are the problems of treatment and follow-up of this patient?

Syphilis

Objective: Untreated Congenital Syphilis

- Clinical Case No. 10:
 - 23 yr. male in for elective herniorrhaphy
 - VDRL reactive 1:16 at time of admission
 - No clinical lesions of infectious or congenital syphilis



continued

Syphilis

Objective: Untreated Congenital Syphilis

- Clinical Case No. 10: (cont.)
 - Since admission, serology & FTA reactive
 - Follow-up 3 days later VDRL = weakly reactive & FTA was reactive
 - Third serology ordered after at 6 days showed VDRL reactive, 1:256
 - At 2 weeks, VDRL was non-reactive

Syphilis

Clinical Case 10

1. Is the laboratory technician inept?
2. Is this pattern diagnostic of any phase of syphilis?
3. Explain your answer

Treatment Congenital Syphilis

- Aqueous Crystalline Penicillin G
100,000-150,000 units/kg IV q8-12h
for 10-14 days
- OR**
- Procaine Penicillin G 50,000 units/kg
IM qd x 10-14 days

From CDC

Treatment Protocols

CDC treatment Recommendations are found in the MMWR 2006

Current Summary of guidelines found on our website,

www.stdptc.uc.edu

Syphilis

Toll Free



Questions?



You can phone us at

1-800-459-2820



Cincinnati STD/HIV Prevention Training Center

Syphilis

The End

Charles Heaton, M.D.
Professor of Dermatology
University of Cincinnati
College of Medicine



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- After today's Video Teleconference please go on our website, www.stdptc.uc.edu
- Sign in
- Fill out your Personal Information Form (PIF)
- Complete the evaluation
- Print out your CEU certificate!

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